

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

DEPIL NO. 10/716652 FILING DATE
(APPLICANT(S))

CLAIMS

NO.	AS FILED		ADMITTED AMENDMENT		ADMITTED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6						
7						
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		1				
26		1				
27		1				
28		1				
29		2				
30						
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40						
41						
42		1				
43		1				
44						
45						
46						
47						
48						
49						
50						

TOTAL IND. 1
TOTAL DEP. 54
TOTAL CLAIMS: 60

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
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92					
93					
94					
95					
96					
97					
98					
99					
100					

TOTAL IND. 0
TOTAL DEP. 82
TOTAL CLAIMS: 82